CONTRACTORS LICENSING BOARD

4100 Richards Road North Little Rock, AR 72117 501-372-4661 / Fax 501-372-2247

Name Change Request Form

1. PRESENT COMPANY NAME:	(As it NOW appears on your Contractor's License)					
Company Name						
Previous Address						
Federal ID Number	Social Security Number					
2. COMPANY NAME CHANGED TO Company Name	(As it WILL appear on your Contractor's License)					
New Address						
Federal ID Number	Social Security Number					
AF	FFIDAVIT					
I,	, being duly sworn, deposes and says: That all					
foregoing statement is submitted to the Contractors Licenspurpose of amending the present valid license and that any	become a part of the present valid application on file. That the sing Board and/or Contractors Residential Committee for the y depository, vendor or other agency herein named is hereby d/or Contractors Residential Committee with any information					
STATE OF COUNTY OF Subscribed and Sworn to before me, a Notary Public, this	Owner/Officer/Partner/Member day of, 20					
My Commission Expires Notary	Public / Seal					

Revised 04/11

Name Change or Transfer

A name change is simply amending the existing entity's name with no change in the actual business structure, which means you CAN NOT DISSOLVE the existing entity and transfer the license to an already existing or newly formed entity.

WARNING: In general, licenses are NOT transferable from one entity to another. However, there are LIMITED exceptions where a transfer might be possible in the following situations:

- (1) A Sole Proprietorship CONVERTING to a Corporation or an LLC or a Partnership.
- (2) A Corporation CONVERTING to an LLC or a Partnership or a Sole Proprietorship.
- (3) An LLC CONVERTING to a Corporation or a Partnership or a Sole Proprietorship.
- (4) A Partnership CONVERTING to a Corporation or an LLC or a Sole Proprietorship.
- (5) A MERGER, the unlicensed entity can be the survivor.

If you are a Name Change, Conversion or Merger then execute the following:

Name Change Request Form

Provide copies of all supporting documents from your Secretary of State's office.

You will also need to furnish an updated Certificate of Insurance verifying Workers Compensation insurance for the new entity.

A list will need to be provided from those that have Converted or Merged of anyone that owns 10% or more of the company and a current list of officers, members or partners.

Bond Requirements

If there has been no change in the Federal ID number then an endorsement rider for your \$10,000 Contractors Bond is needed to amend your name.

A new bond is required if there has been a change in the Federal ID number.

Financial Requirements

If it is also time to renew your license, commercial licensees that have Converted or Merged will need to furnish a letter from their CPA stating *the assets and liabilities of the previous entity were transferred to the new entity at the time of inception*. This letter is in addition to the financial statement.

If the change is mid-year then the only financial information needed will be the letter of transfer.

Residential Licenses Only

This office will mail to those licensees that have Residential only, a special statement to sign and notarize concerning your financial statement.

ANY OTHER SITUATION WILL REQUIRE A NEW APPLICATION

INSTRUCTIONS FOR COMPLETION OF THE \$10,000 CONTRACTORS BOND

This bond is required only of applicants for a **commercial license**.

Only this prescribed form will be accepted. Any alterations to this form must have prior approval from the Contractors Licensing Board.

Your company name (Principal) **must match exactly** as it will appear, or does appear, on your Contractors License.

An owner, officer, member or partner must sign the bond form as Principal before mailing.

All Principal, Surety and Agent information requested on this form must be provided.

Any change in your Federal Employer Identification Number requires a new bond to be executed. Any change in your address requires an endorsement rider from your agent. Any change in your company's name will require other documentation, **please call for instructions first.

**If you are having difficulties obtaining this bond, contact Phyllis Isham at 501-371-1506 or phyllis.isham@arkansas.gov for more information.

ATTENTION AGENTS

An Arkansas Resident or an Arkansas Non-Resident agency, agent, broker or producer that is currently licensed by the Arkansas Insurance Department must execute this bond. A copy of your license must be attached.

The bond may be executed solely by the surety company. An underwriter that works directly for the surety need only to sign as Attorney-in-Fact and type under your signature that you are a "direct underwriter".

**Contact Phyllis Isham at 501-371-1505 or phyllis.isham@arkansas.gov for more information.



\$10,000 CONTRACTOR'S BOND

Required by A.C.A. § 17-25-401

		Effective Date Bond Number					
STATE OF ARKANSAS							
WHEREAS, under the terms of A.C.A. § 17-25-401, et. seq., every contractor described therein must file with the Contractors Licensing Board a corporate surety bond or cash bond to secure compliance with A.C.A § 17-25-401, et. seq.							
WHEREAS, every such contractor is required t promulgated by the Contractors Licensing Boar contracts in the State of Arkansas:							
NOW, therefore, we, the undersigned,							
Pr	incipal's Compan	y Name As Yo	ou Will Be Li	censed			
Principal Business Address (Physical)	City		State Zip C	Code	Telephone Number		
as principal, and					_		
Surety's Name							
Surety Address C	City	State	Zip Code	Tele	phone Number		
as surety, are held firmly bound to the State of a which we bind ourselves, our heirs, assigns, execundersigned principal shall promptly pay any authis obligation shall be null and void; otherwise	cutors and administ mount of money due	rators, jointly a as provided in	nd severally, c	ondition	ed that if the		
The surety reserves, however, the right to cance principal and to the State (Contractors Licensin		the giving of s	ixty (60) days	written r	notice to the		
Agent's/Broker's/Producer's Company Name	Principal's S	ignature (Own	er, Officer, Pa	rtner, M	(lember)		
Mailing Address and Telephone Number	Title				_		
City/State/Zip Code	Principal's F	Principal's Federal I.D. and/or Social Security Number					
Agent's/Broker's/Producer's Signature	Attorney-in-l	Attorney-in-Fact's Signature					

This bond shall be executed by an agency, agent, broker or producer that is properly licensed with the Arkansas Insurance Department, a copy of such license must be attached.

MAIL ORIGINAL BOND AND ITS POWER OF ATTORNEY TO:

Contractors Licensing Board, 4100 Richards Road, North Little Rock, AR 72117